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<b>Effective on 12/08/2004.</b> <b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b> <b>FEE TRANSMITTAL</b> <b>For FY 2009</b>		<b>Complete if Known</b>			
		Application Number	10/567,924-Conf. #5383		
		Filing Date	February 10, 2006		
		First Named Inventor	Takayuki Ishizaki		
		Examiner Name	S. O. Douglas		
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	3771		
<b>TOTAL AMOUNT OF PAYMENT</b>		<b>(\$)</b>	<b>442.00</b>	Attorney Docket No.	TEI-0136

**METHOD OF PAYMENT (check all that apply)**

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 18-0013 Deposit Account Name: Rader, Fishman & Grauer PLLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
24	- 20 = 1	x 52.00 =	52.00		390.00	390.00

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
3	- 4 = 0	x 220.00 =	0.00

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
	- 100 =	/50 =	(round up to a whole number) x	

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)


Other (e.g., late filing surcharge): \_\_\_\_\_

<b>SUBMITTED BY</b>					
Signature		Registration No. (Attorney/Agent)	56,029	Telephone	(202) 955-3750
Name (Print/Type)	Maulin M. Patel	Date	July 2, 2009		

07/06/2009 TL0022 00000039 180013 10567924

01 FC:1615 52.00 DA  
02 FC:1616 390.00 DA



<b>AMENDMENT TRANSMITTAL LETTER</b>				Docket No. TEI-0136	
Application No. 10/567,924-Conf. #5383	Filing Date February 10, 2006	Examiner S. O. Douglas	Art Unit 3771		
Applicant(s): Takayuki Ishizaki et al.					
Invention: OXYGEN CONCENTRATING APPARATUS AND EXECUTION SUPPORT METHOD OF HOME OXYGEN THERAPY USING THE SAME					
<b>TO THE COMMISSIONER FOR PATENTS</b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
<b>Total Claims</b>	21	- 20 =	1	x 52.00	52.00
<b>Independent Claims</b>	3	- 4 =	0	x 220.00	0.00
<b>Multiple Dependent Claims (check if applicable)</b> <input checked="" type="checkbox"/>					390.00
<b>Other fee (please specify):</b>					
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					442.00
<input checked="" type="checkbox"/> Large Entity <span style="margin-left: 200px;"><input type="checkbox"/> Small Entity</span>					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input checked="" type="checkbox"/> Please charge Deposit Account No. <u>18-0013</u> in the amount of \$ <u>598.00</u> .					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>18-0013</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Maulin M. Patel Attorney/Agent Reg. No.: 56,029				Dated: <u>July 2, 2009</u>	
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